

UTAH UNIVERSAL SERVICE FUND SURCHARGE REMITTAL STATEMENT

Mail or deliver hard copy to:
Secretary, Public Service Commission
Heber M. Wells Building
P.O. Box 45585
Salt Lake City, Utah 84145

1. Statement Remittal Date:

2. Company or Carrier Name:

3. Reporting Person:

Telephone Number:

4. Report Period from: to:

5. Calculations -- Includes Local, Toll, and all other Intrastate Revenues

a. Retail Intrastate Rates (Revenues)

\$

b. Surcharges Billed for Period @
(.005 X 5.a.) as of 12/01/2003

\$

c. Adjusted Rates (note)

\$

d. Surcharges Adjusted (note)

\$

e. Net surcharges (5.b. less 5.d)

\$

6. Total Surcharges Remitted this Period
Attach check for this amount

\$

Note: Adjustments for uncollectibles, service adjustments, rebills, etc.

Rates subject to adjustment by future Commission orders.

Original: Secretary, PSC; Copies: Director, Division of Public Utilities; Reporting Company's Records
Form Iss: 2/90